

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

26-8-

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| 14 48 E OF DEATH 75 AND 0206 L RESIDENCE 6 | 1. PLACE OF DEATH A. COUNTY Yavapai | | | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Yavapai | | | | | |
| | B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) P rescott | | | | C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 1 wk life | | | | | |
| | D. FULL NAME OF HOSPITAL OR INSTITUTION Yav. County Hospital | | | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) -- | | | | | |
| | 3. NAME OF DECEASED A. (FIRST) FRANK B. (MIDDLE) A. C. (LAST) EHLE | | | | 4. SEX male | | 5. COLOR OR RACE white | | | |
| CEDENT PERSONAL DATA 168 0 150 | 6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | | | 7. DATE OF BIRTH MONTH Feb DAY 26 YEAR '81 | | 8. AGE YEARS 68 MONTHS 10 DAYS 11 | | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Rancher - Miner | |
| | 9B. KIND OF BUSINESS OR INDUSTRY | | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona | | 11. CITIZEN OF WHAT COUNTRY? U. S. | | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no | | 13. SOCIAL SECURITY NO. none | |
| | 14A. FATHER'S NAME John H. Ehle | | 14B. BIRTHPLACE (STATE OR COUNTRY) Ohio | | 15A. MOTHER'S MAIDEN NAME Mary Nichols | | 15B. BIRTHPLACE (STATE OR COUNTRY) Kansas | | | |
| | 16. INFORMANT'S SIGNATURE Fred D. Schemmer | | | | ADDRESS Prescott, Arizona | | 17. DATE OF DEATH (MONTH) January (DAY) 7 (YEAR) 1950 | | | |
| CAUSE OF DEATH TEM 18) 0 0 | 18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b). DUE TO (c). II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | INTERVAL BETWEEN ONSET AND DEATH 12 yrs. | |
| | 19A. DATE OF OPERATION | | | | 19B. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | 21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) | | 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) | | 21C. (CITY OR TOWN) (COUNTY) (STATE) | | | | | |
| | 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SEC) OF INJURY | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | | | | | |
| MEDICAL CORONER'S CERTIFICATION | 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 7 1950 TO Jan 7 1950 THAT I LAST SAW THE DECEASED ALIVE ON Jan 7 1950 AND THAT DEATH OCCURRED AT 5:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | | | | | | | | |
| | 23A. SIGNATURE [Signature] | | | | 23B. ADDRESS Prescott, Ariz. | | 23C. DATE SIGNED 1/11/50 | | | |
| | 24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | | 24B. DATE Jan. 10, 1950 | | 24C. NAME OF CEMETERY OR CREMATORY Mt. View Cemetery | | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Prescott, Arizona | | | |
| | 25A. DATE REC'D BY LOCAL REG. Jan 18, 1950 | | 25B. REGISTRAR'S SIGNATURE [Signature] | | 26. FUNERAL DIRECTOR'S SIGNATURE Lester Ruffner | | ADDRESS P rescott, Ariz. | | CERT. NO. 308 | |
| FUNERAL DIRECTOR AND REGISTRAR | 25A. DATE REC'D BY LOCAL REG. Jan 18, 1950 | | | | 25B. REGISTRAR'S SIGNATURE [Signature] | | 26. FUNERAL DIRECTOR'S SIGNATURE Lester Ruffner | | ADDRESS P rescott, Ariz. | |
| | | | | | 27. EMBALMER'S SIGNATURE Henry C. Hampton | | | | | |